

## ASSURANCE FORM

I, \_\_\_\_\_, certified that all students who received AP/IB test fee waivers were eligible based on the following guidelines:

1. Free/ Reduced Lunch,
2. School Waiver policies ( Board Rule R277-407),
3. Students in families receiving assistance under part A of title IV of the Social Security Act, or
4. Students eligible to receive medical assistance under the Medicaid program title XIX of the Social Security Act.

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AP Coordinator:

Date:

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IB Coordinator:

Date:

**Please Complete by, June 1<sup>st</sup>, 2009.**

**Send to:**

Moya Kessig  
Utah State Office of Education  
250 East 500 South  
P.O. Box 144200  
Salt Lake City. Utah 84114-4200